



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. VINCENT CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Medicare Provider Number: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | | | |
|-------------------------------------|------------|-----------------------|------------|
| Inpatient Patient Service Revenue | \$8940096 | Contractual Allowance | \$28863506 |
| Outpatient Patient Service Revenue | \$47372715 | Other Deductions | \$5999726 |
| Total Gross Patient Service Revenue | \$56312811 | Total Deductions | \$34863232 |

2. Deductions From Revenue

3. Total Operating Revenue

| | |
|-----------------------------|------------|
| Net Patient Service Revenue | \$21449579 |
| Other Operating Revenue | \$485157 |
| Total Operating Revenue | \$21934736 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages | \$6458575 | Employee Benefits | \$1966901 |
| Depreciation and Amortization | \$580474 | Interest Expense | \$278086 |
| Bad Debt | \$0 | Other Expenses | \$10094706 |
| Total Operating Expenses | \$19378742 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses | \$2555994 | Total Assets | \$47795015 |
| Net Non-operating Gains over Loss | \$2293419 | Total Liabilities | \$13590129 |
| Total Net Gains | \$4849413 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$24521479 | \$14718710 | \$9802769 |
| Medicaid | \$9537112 | \$7452055 | \$2085057 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$22254220 | \$6692741 | \$15561479 |
| Total | \$56312811 | \$28863506 | \$27449305 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$45295 | \$13369 | \$31926 |

Statement Four: Research Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

Statement Five: Education Statement

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$0 | \$0 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

| | |
|---|-----|
| Number of Medical Professionals Trained | 30 |
| Number of Hospital Patients Educated | 741 |
| Number of Citizens Exposed to Health Education Messages | 581 |

Statement Six: Charity Statement

| | |
|--------------------------|-----------|
| Hospital Charity Charges | \$4721153 |
|--------------------------|-----------|

| | | | |
|--|---------------|---------------|--------------------|
| | Payments from | Less Costs to | Unreimbursed Costs |
|--|---------------|---------------|--------------------|

| | Clients | Hospital | to Hospital |
|---------------------------|---------|-----------|-------------|
| Charity Care | \$0 | \$1503483 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$1503483 | \$-1503483 |
| Medicaid Shortfalls | \$0 | \$1764493 | |
| Subtotal | \$0 | \$3267976 | \$-3267976 |
| DSH Payments | \$0 | | |
| Subtotal | \$0 | \$3267976 | \$-3267976 |
| Medicare Shortfalls | \$0 | \$-78090 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$0 | \$3189886 | \$-3189886 |

Statement Seven: Subsidized Health Services for the Community

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$129599 | \$-129599 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |